



Alameda County Coroner's Bureau
 Gregory J. Ahern, Sheriff/Coroner
 2901 Peralta Oaks Court, Oakland, CA 94605
 (510) 382-3000

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)		TENTATIVE I UNIDENTIFIED		CASE NUMBER	
	THOMAS, Christopher Dean				2019-02074	
	REPORTED BY	REPORTED BY PHONE	REPORTING AGENCY		REFERENCE NUMBER	
	Bradley, Heather		Donor Network West		19-011080	
DECEDENT	INVESTIGATOR		CALL DATE AND TIME		CASE TYPE	
	GOGNA, Anthony		7/6/2019 0911		Removal Case	
	DATE AND TIME OF DEATH	DATE OF BIRTH	AGE	GENDER	RACE	MARITAL STATUS VET
	7/6/2019 1350	9/20/1974	44 Years	Male	Caucasian/White	Never Married
DEATH	HGT	WGT	EYE COLOR	HAIR COLOR	OCCUPATION	EMPLOYER
	5' 10"	150 lb	Brown	Brown	Technician	
	Preliminary Summary: **In Custody Death** Suicide of a 44 year old male who died in the ICU at Stanford Valley Medical Center in Pleasanton. On June 30, 2019, about 1106 hours, Thomas was an inmate at Santa Rita Jail, when he was found hanging in Housing Unit 32, Lower D Pod by a bed sheet ligature. Deputy Demott was able to cut Thomas down and provide aid until paramedics arrived. Thomas was taken by ambulance to Valley Care and placed on life support after being diagnosed with cerebral edema due to anoxia. Thomas had made suicidal ideations to another inmate in the pod shortly before hanging himself. Based on the police investigation there were no signs that any foul play was involved. Coroner's Pathologist Dr. J. Melinek approved organ donation after cardiac death with no restrictions for the requested organs. Admission blood was collected.					
DEATH	LOCATION OF DEATH				LOC TYPE	
	Stanford Valley Care				Hospital	
	ADDRESS (STREET, CITY, STATE, ZIP)				COUNTY	
	5555 W. Las Positas Blvd., Pleasanton, CA, 94588				Alameda	
	Manner	Suicide	Death Certificate Signed By			
	Cause A	anoxic encephalopathy				Interval Days
	Cause B	Hanging				Interval days
	Cause C					Interval
NOTIFIC.	RELATIONSHIP		MOTHER PHONE NO.			
	Mother		[REDACTED]			
INCIDENT	NOTIFIED BY		METHOD		DATE AND TIME	
	GOGNA, Anthony		By Phone		9/12/2019 0853	
	IDENTIFICATION METHOD		DATE AND TIME			
	Fingerprint Comparison		7/9/2019 0742			
DISP	LOCATION OF INCIDENT		AT WORK			
	Jail					
	ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY		DATE AND TIME OF INCIDENT	
	5325 Broder Blvd, Dublin, CA, 94568		Alameda		6/30/2019 1103	
DISP	INVESTIGATING AGENCY		INV AGENCY PHONE NUMBER		OFFICER	
	Alameda County Sheriff's Office-ETS					
	FUNERAL HOME		BODY RELEASE TO FUNERAL HOME ON			
	Grissom's-San Lorenzo Chapel		7/9/2019			
Full Autopsy		Partial Autopsy	Inspection	Record Review	Inspection w/Specimen	EXAM BY
Yes						CHEN, Angellee



ALERE FORENSICS AT REDWOOD TOXICOLOGY LABORATORY

3650 Westwind Blvd. Santa Rosa, CA 95403
Phone 866-584-0887 FAX 707-703-1319

Agency # 2019-02074

FORENSIC LABORATORY REPORT

AF # 2019-002387

To: Investigator/Deputy Anthony Gogna
Alameda Co Sheriff's Ofc - Coroner's Bureau

Sample Collection Date: June 30, 2019

Decedent: Christopher Thomas

The following evidence was submitted to the Laboratory by a representative of the Alameda Co Sheriff's Ofc - Coroner's Bureau on 7/10/2019 via Courier:

Submission 01: One heat sealed plastic bag with paperwork marked in part "Thomas, Christopher" containing three tubes of hospital blood.

Item # 01-A: One purple top tube with approximately 3 mL of hospital blood collected at 1156 hours.

Item # 01-B: One blue top tube with approximately 1 mL of hospital serum collected at 1156 hours.

Item # 01-C: One blue top tube with approximately 1 mL of hospital serum collected at 1156 hours.

Service Request:

FP222B - Expanded Pnl (Confirm) - Blood



Drug Screen Results - ELISA

Drug Screen Classification	Result	Limit of Detection
Amphetamine	Not Detected	20.0 ng/mL
Barbiturates	Not Detected	1.0 mcg/mL
Benzodiazepines	Not Detected	25.0 ng/mL
Buprenorphine	Not Detected	1.0 ng/mL
Carisoprodol	Not Detected	500.0 ng/mL
Cocaine Metabolite	Not Detected	50.0 ng/mL
Fentanyl	Not Detected	1.0 ng/mL
Marijuana Metabolite	Positive	10.0 ng/mL
Methadone	Not Detected	25.0 ng/mL
Methamphetamine	Positive	20.0 ng/mL
Opiates	Not Detected	10.0 ng/mL
Oxycodone \ Oxymorphone	Not Detected	5.0 ng/mL
PCP	Not Detected	5.0 ng/mL
Tramadol	Not Detected	50.0 ng/mL
Zolpidem	Not Detected	5.0 ng/mL

Confirmation/Screen Results

Analyte Name	Concentration	Method	Sample Type
Methamphetamine	111 ng/mL	GC-MS	Hospital Blood
Amphetamine	Not Detected	GC-MS	Hospital Blood
Methamphetamine	Positive	LC-MS-MS	Hospital Blood
Trazodone	Positive	LC-MS-MS	Hospital Blood
Mirtazapine	Presumptive ID	LC-MS-MS	Hospital Blood
Volatiles (EtOH, IPA, MeOH, Acetone)	Not Detected	GC-Headspace	Hospital Blood
Trazodone	< 25 ng/mL	LC-MS-MS	Hospital Serum
Mirtazapine	QNS	LC-MS-MS	Hospital Serum
Tetrahydrocannabinol (THC)	2.9 ng/mL	LC-MS-MS	Hospital Serum
11-nor-THC-9-carboxylic acid (THC-COOH)	8.1 ng/mL	LC-MS-MS	Hospital Serum
11-hydroxy-THC (11-OH-THC)	Not Detected	LC-MS-MS	Hospital Serum
Volatiles (EtOH, IPA, MeOH, Acetone)	Not Detected	GC-Headspace	Hospital Blood



Respectfully,

A handwritten signature in black ink, appearing to read "Laureen J. Marinetti".

Laureen J. Marinetti, Ph.D., F-ABFT
Laboratory Director

Date of Report: August 24, 2019

Alere Forensics at Redwood Toxicology is accredited by The American Board of Forensic Toxicology (ABFT) and is recognized by the State of California as a Title 17 Forensic Alcohol Laboratory.

All samples, including the sample packaging, will be retained at the laboratory for one year after the date of report. After one year, the samples and packaging will be destroyed unless the client requests that the samples be returned or an alternate retention policy has been set up with the laboratory. The laboratory cannot ship controlled substances.

Comments

Analytes reported as Presumptive ID are unconfirmed results.

QNS - the quantity of specimen received was insufficient to complete testing.

EtOH - ethanol, IPA - Isopropanol, MeOH - methanol

Alameda County Sheriff's Office

Coroner's Bureau
2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: July 8, 2019
FROM: Angellee Chen, M.D., J.D.
TO: Case File 2019-02074
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Christopher Thomas at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on July 8, 2019, at 9:30 a.m. The autopsy is attended by V. Ramirez (Alameda County Sheriff Office).

FINDINGS AND DIAGNOSES

- I. HANGING
 - A. DECEDENT FOUND PARTLY SUSPENDED WITH NOOSE FASHIONED FROM BEDSHEET AROUND HIS NECK
 - B. BILATERAL CONJUNCTIVAL PETECHIAE
 - C. HISTORY OF ANOXIC ENCEPHALOPATHY
 - 1. CEREBRAL EDEMA
 - D. HISTORY OF ASPIRATION PNEUMONIA
 - 1. BILATERAL LOBAR PNEUMONIA
- II. HISTORY OF SUICIDAL IDEATIONS
- III. RIGHT PLEURAL ADHESIONS
- IV. CONTUSION OF THE CHIN
- V. STATUS POST ORGAN PROCUREMENT
 - A. ABSENT KIDNEYS AND ADRENAL GLANDS

CAUSE OF DEATH: ANOXIC ENCEPHALOPATHY DUE TO HANGING

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Alameda County

Body of Christopher Thomas

1 **Circumstances:** The decedent is a 44-year-old white male who was
2 an inmate at Santa Rita Jail when he was found unresponsive
3 partly suspended from a gate at the jail with a noose fashioned
4 from a bedsheet around his neck. He was transported to a
5 hospital where he was diagnosed with anoxic brain injury. The
6 decedent was on life support for several days, then underwent an
7 organ procurement procedure. The decedent reportedly had
8 suicidal ideations shortly before being found unresponsive at
9 the jail.

10

11 **Presentation:** The body is examined at the Alameda County
12 Coroner's Bureau at 2901 Peralta Oaks Court, Oakland, CA 94605.

13

14 **Clothing and Personal Effects:** No clothing or valuables are on
15 the body.

16

17 **Evidence of Medical Intervention:** Intravenous catheters are
18 inserted into the mid left forearm, the radial side of the left
19 wrist, the back of the right wrist, and the right femoral
20 region. Blue ecchymosis is around the insertion site on the
21 right femoral region. There are possibly tiny incised wounds on

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Body of Christopher Thomas

22 the pads of the right middle and ring fingers and the left ring
23 finger. A gauze pad taped to the proximal right shin covers a
24 needle puncture wound.

25 A large adhesive dressing is on the sacral region. A Foley
26 catheter extends from the urethral meatus and is connected to a
27 collection receptacle, which contains approximately 600 mL of
28 concentrated yellow-brown urine. The tubing is secured to a
29 clamp attached to the right thigh. An "x" is drawn on the top of
30 the right foot in black ink.

31 A yellow FALL RISK band, a white NO ALLERGIES band, and a
32 white hospital identification band bearing the decedent's name
33 and MRN: 76456094 are around the left wrist. Another white
34 hospital identification band bearing similar information is
35 around the left ankle. A yellow tag bearing the decedent's name
36 and medical record number is attached to the right great toe. A
37 clear plastic bag attached to the left great toe contains seven
38 filled specimen tubes.

39 The anterior aspect of the right 3rd rib is fractured. The
40 anterolateral aspects of the left 1st through 5th ribs are
41 fractured. Focal hemorrhage is within the soft tissues of the
42 lateral left mid chest wall.

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Body of Christopher Thomas

43

44 **Evidence of Organ Procurement:** A loosely sewn incision extends
45 down the midline of the anterior torso. The pubic region is
46 shaven. The sternum has been cut down the midline.

47 The pericardial sac is open and the left ventricle of the
48 heart has been incised. The kidneys, the adrenal glands, and the
49 distal descending aorta are absent. The spleen has a clean cut
50 margin at one end where a small piece has been sliced off.

51

External Examination

52 The body is that of a thin, 70 inch, 150 pound (after organ
53 procurement), white man who appears consistent with his reported
54 age of 44 years. Rigor mortis is well developed. Pink livor mortis
55 is fixed along the posterior aspect of the body. No decomposition
56 changes are present. A tan tag bearing the decedent's name and
57 case number 2019-02074 is attached to the left great toe.

58

59 The body has multiple black tattoos. The anterior torso is
60 covered by a large tattoo that contains a Thrasher Skategoat logo,
61 a banner with the inscription "Blood, Pain, Pride," a skateboarder,
62 and flames. "13 ALAMEDA" is tattooed vertically on the right

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Body of Christopher Thomas

63 lateral surface of the torso, and "16 COUNTY" is tattooed
64 vertically on the left lateral surface of the torso.

65 The back is covered by a large tattoo design. "Caught Up In"
66 is inscribed across the upper back, and "Hard Times" is inscribed
67 across the lower back. The rest of the tattoo on the back contains
68 the following images: a cross, prison bars, a chain link fence,
69 four playing cards that all look like "A♠", a pair of dice, a
70 female devil, several skulls, a pair of comedy/tragedy masks, a
71 round clock face with the hands set at 6:20, an hourglass, a brick
72 wall, a demon, and a spider web.

73 The right arm and forearm are covered by a tattoo that
74 contains a cross and multiple demon-like faces. The left arm and
75 forearm is covered by a tattoo that contains demon faces, prison
76 bars, a demon with a mouth that is held closed with cross-stitches,
77 the inscription "CURB DOGS," which is on the left forearm, and the
78 inscription "TEAM 510," which is on the ulnar side of the left
79 wrist.

80 A tattoo of a nautical star is on the left hip. The right leg
81 has a hot rod cartoon character on a skateboard, a pin-up girl on
82 a skateboard, and another cartoon character on a broken skateboard.
83 A spider is tattooed on the top of the right foot. A tattoo that

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Body of Christopher Thomas

84 looks like a woodpecker wearing a bowler hat and smoking a cigar
85 is on the top of the left foot.

86

87 The head has no deformity. The scalp has normally distributed
88 straight, brown hair that is approximately 13 cm in average length
89 at the top of the head. The face has mustache stubble and patchy
90 beard stubble. The face is congested. The irides are brown and the
91 pupils are 0.5 cm in diameter. The corneas are clear. The sclerae
92 are slightly icteric. The conjunctivae are not congested. The ears
93 are unremarkable. Each earlobe has a pinpoint scar. The nostrils
94 have no drainage. The nasal cavities are patent. The nasal septum
95 is intact. The lips have no acute injuries. The oral cavity is
96 clear. The teeth are natural and in good condition. A small scar
97 is on the undersurface of the left side of the jaw. No conspicuous
98 ligature mark or ligature furrow is on the neck.

99 The chest has no conspicuous acute injuries. The abdomen is
100 scaphoid and has no conspicuous scars. The penis is circumcised
101 and both testicles are descended within the scrotal sac. The back
102 has no conspicuous scars or acute injuries. The buttocks and the
103 anus are unremarkable.

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Body of Christopher Thomas

104 The upper extremities are symmetrically developed and have no
105 angular deformities. No conspicuous scars or acute injuries are on
106 the anterior surfaces of the forearms or wrists. The hands have no
107 conspicuous acute injuries. A 1.1 cm longitudinal linear scar is
108 on the radial side of the back of the right hand. A small portion
109 of the tip of the right index finger is absent. The nail of the
110 finger is slightly deformed. The rest of the fingernails are very
111 short. The lower extremities are symmetrically developed and have
112 no angular deformities. A 2.5 cm brown linear scar is on the right
113 hip. What looks like two small needle puncture wounds and a very
114 short linear scratch are on the anterior surface of the proximal
115 right thigh. A 1.5 cm scar is just above the right knee. Multiple
116 small scars are on the left hip. The feet have no deformities. The
117 toenails are unremarkable.

118 Evidence of Injury

119 A thin line of pink ecchymosis is along the lower margin of
120 each upper eyelid. Focal hemorrhage is within the lateral bulbar
121 conjunctiva of the left eye. Scattered petechiae small punctate
122 hemorrhages are within the lower palpebral conjunctiva of each
123 eye. A 1.0 cm purple contusion is on the lateral left side of the
124 chin.

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Body of Christopher Thomas

125 A focus of hemorrhage is on the inner mucosal surface of the
126 left side of the thyroid cartilage. Focal hemorrhage is within the
127 soft tissues along the anterior surface of the mid cervical
128 vertebral column.

129 **Internal Examination**

130 **Chest and Abdominal Walls and Body Cavities:** The anterior abdominal
131 wall has an average of 1.1 cm of subcutaneous adipose tissue. The
132 clavicles and the pelvis have no palpable fractures. The sternum
133 has been cut down the midline. A small amount of blood is in each
134 pleural cavity. The pericardial sac has been opened. A moderate
135 amount of blood is within the peritoneal cavity. Moderate fibrous
136 adhesions are between the right lung and the anterior chest wall.
137 The left pleural cavity, the pericardial cavity, and the peritoneal
138 cavity have no conspicuous fibrous adhesions.

139
140 **Cardiovascular System:** The heart weighs 420 grams and has a small
141 amount of epicardial adipose tissue. The coronary arteries appear
142 widely patent. The epicardium is smooth and glistening. The
143 myocardium is red-brown and firm. It has no conspicuous focus of
144 pallor or softening and no visible fibrous scars. The endocardium

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Body of Christopher Thomas

145 is thin and transparent. There is no ventricular dilatation or
146 hypertrophy. The foramen ovale is not patent and the heart has no
147 mural thrombus. The atrioventricular and semilunar valves are
148 morphologically normal and have no calcifications, vegetations,
149 thickening, or stenosis. The chordae tendineae are normal in length
150 and thickness. The remaining portion of the aorta (root, arch,
151 proximal descending) has no atherosclerosis and no significant
152 dilatation.

153

154 **Respiratory System:** The right lung weighs 430 grams and the left
155 lung weighs 400 grams. The upper lobes are moderately inflated.
156 The lower lobe of both lungs is poorly inflated. The pleural
157 surfaces are smooth and glistening and have abundant anthracotic
158 pigment. The upper lobes of the lungs have soft, spongy, red-pink
159 parenchyma and no conspicuous purulent exudate. The lower lobe of
160 each lung has dense, dark red, congested parenchyma that exudes a
161 creamy white-tan exudate. The lungs have no masses. Abundant thick,
162 creamy, white-tan purulent exudate is in the lumen of the bronchi.
163 The lumen of the trachea is patent. The mucosa of the trachea is
164 unremarkable. The main pulmonary arteries are patent. The

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165 tracheobronchial and bronchopulmonary lymph nodes are anthracotic
166 and are not prominently enlarged.

167

168 **Gastrointestinal System:** The esophagus has an unremarkable white-
169 tan mucosa and an empty lumen. The stomach contains approximately
170 200 mL of brown fluid. The gastric mucosa has mild patchy
171 congestion. The small bowel and the colon are intact and have no
172 evidence of obstruction. The vermiform appendix is unremarkable.

173

174 **Hepatobiliary System:** The liver weighs 1790 grams. The capsule is
175 smooth and glistening. The capsule along the anterior surface of
176 the right lobe has focal opaque fibrosis. The hepatic parenchyma
177 is uniformly brown and normal in consistency. The liver has no
178 masses. The gallbladder has a thin wall and a brown-green velvety
179 mucosa. It contains abundant brown-green viscous bile and has no
180 stones.

181

182 **Reticuloendothelial System:** The spleen weighs 170 grams. Aside
183 from the area where a small slice of the spleen was removed, the
184 capsule of the spleen is smooth and intact. The spleen has soft,

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185 dark red-brown parenchyma with unremarkable punctate white pulp
186 regions.

187

188 **Genitourinary System:** The kidneys are absent. The urinary bladder
189 has an unremarkable white-tan mucosa and is empty.

190 The prostate gland is symmetric and not prominently enlarged.

191 It has uniform light brown parenchyma and no discrete nodules. The
192 testicles have uniform soft tan parenchyma and no masses.

193

194 **Endocrine System:** The thyroid gland is relatively symmetric and
195 not prominently enlarged. It has unremarkable light-brown lobular
196 parenchyma. The pancreas has unremarkable tan lobular parenchyma.
197 The adrenal glands are absent.

198

199 **Neck:** No hemorrhage is within the strap muscles of the neck. The
200 thyroid cartilage and the hyoid bone are intact. The lumen of the
201 larynx is patent. The tongue has no bite marks or intramuscular
202 hemorrhages.

203

204 **Head and Spinal Column:** The scalp is intact. There are no galeal
205 or subgaleal hemorrhages. No hemorrhage is within the temporalis

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206 muscles. The calvaria and the base of the skull have no fractures.
207 The dura mater is unremarkable and the leptomeninges are thin and
208 transparent. There is no epidural, subdural, or subarachnoid
209 hemorrhage or exudate.

210 The brain weighs 1500 grams. The cerebral hemispheres are
211 symmetric. The cerebral gyri are diffusely flattened, and the sulci
212 are compressed. The brain parenchyma is soft throughout. The gray
213 and white matter regions are blurred. The brain has no
214 intraparenchymal mass lesions or hemorrhages. No hemorrhage is
215 within the ventricles. The brainstem and the cerebellum are
216 unremarkable. The arteries at the base of the brain are widely
217 patent and have no conspicuous aneurysms. The pituitary gland is
218 not enlarged. The anterior vertebral column is palpably stable.

219

220 **Toxicology:** See toxicology report.

221

222 **Conclusion**

223 After considering the known circumstances surrounding the death,
224 the available medical history, and the findings on postmortem
225 examination of the body, it is my opinion that Christopher Thomas,

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Alameda County

Body of Christopher Thomas

226 a 44-year-old white male, died from anoxic encephalopathy that
227 resulted from hanging.

228

229

230

Angellee Chen
Angellee Chen, M.D., J.D.

9/4/19